LOBBYIST ANNUAL REPORT FORM



State of Idaho

Secretary of State

Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282

To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)

2005 JAN 28 AN 8: 35

(Type or print clearly) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared ILJE Reriod covered Diane Golder-Kevs year ending 595 South 14th Street January 27, 2004 (Day) (Mo.) (Yr.) Boise, Idaho 83702 Dec. 31 2003 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure Total Item 3, at bottom of page.) Reimbursed Personal Living and Travel Expenditure Expenses Pertaining to Lobbying Activity Employer No. 4 Employer No. 2 Employer No. 3 Employer No. 1 Do Not Have to be Reported Entertainment **\$ 1,070.32** s 1,070.31 s 2,140.63 Food and Refreshment Living Accommodations Advertising Travel Telephone Office Expenses Other Expenses or Services s 2,140.63 s 1,070.32 s1,070.31 Total The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. Item 2 Names of Legislators & Public Officials in Group Amount Date LEGISLATIVE RECEPTION House Business Comm. Feb. 4, 2003 CRYSTLE BALLROOM \$2,140.63 House Commerce & HR Senate Commerce & Labor Leadership - Both Sides Continued on attached page(s) Item Employer(s) Name(s) and Address(es) INSTRUCTIONS INDEPENDENT INSURANCE AGTS & BROKERS OF Who should file this form: Any lobbyist registered under Section No. 1 IDAH0 67-6617 Idaho Code 595 So. 14th St. Boise, Id 83702 Filing deadline: Annual report is due on January 31st. No. 2 SURPLUS LINE ASSOCIATION OF IDAHO TO BE FILED WITH: SAME ADDRESS AS LINE 1 Ben Ysursa No. 3 Secretary of State PO Box 83720

No. 4

Item 4	Expenditures made by the lobbyist of personal property to any Legislator, o		byist or by the lobbyist's er lator, or for or on behalf of	r by the lobbyist's employer in the nature of contributions of money or other tangible or intangible r for or on behalf of any legislator.						
	Date		Amount		Name of Legislator Receiving or Benefited					
N/A Item 5	or He the L	object matter of proposed legis House Bill, Resolution or otle Lobbyist was supporting or the Bill, Resolution or Othe		tion, the number of the Senate r legislative activity in which oposing. Appropriation Bill Number and Section Number	NO EXPENDITURES MADE			JECT IDENTIFICATION Code Subject 17 Health service, medicine, drugs and controlled substances, health		
20 28	able)	HB 59 60 61 72 92 13 SB 10 10	3	and Section Number	03 E ii 04 C S O5 C O6 C O7 E C V V V V V V V V V V V V V V V V V V	Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county	19 20 21 22 23 24 25 26	insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation		
	stateme LO	nt in acco		above is a true, complete and a 67-6624 Idaho Code. Help 1-270 Date	14 15 16	Government, federal Government, municipal Government, special districts Government, state	29 30 31	Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)		
Employe	er No. 2	signature signature	<i></i>	Date Date						
Employe	Employer No. 4 signature Date									